

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31457

State File No.

0840

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5979 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brighton</u>		c. LENGTH OF STAY (in this place) <u>11 years</u>	c. CITY OR TOWN <u>Brighton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street address</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>No street address</u>		e. STREET ADDRESS (If rural, give location) <u>No street address</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARLENA</u>		b. (Middle) <u>BABEES</u>	
c. (Last) <u>STONE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 9, 1870</u>
9. AGE (In years last birthday) <u>84</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warren Co., Ky.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert E Babees</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Ann Long</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Effie Slagle, Brighton, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis due to aspiration pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cerebral thrombosis</u>	
ANTECEDENT CAUSES		DUE TO (c) <u>Arteriosclerosis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Years	
II. OTHER SIGNIFICANT CONDITIONS		None	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 16, 1954</u> , to <u>Sept. 25, 1954</u> , that I last saw the deceased alive on <u>Sept. 24, 1954</u> , and that death occurred at <u>6:45a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry R. Agnew D.O.</u>		23b. ADDRESS <u>Pleasant Hope, Mo.</u>	
23c. DATE SIGNED <u>Sep. 28, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 27, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Point Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Iberia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 2, 1954</u>		REGISTRAR'S SIGNATURE <u>Ralph Gorden per Jewell Gorden</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u>		ADDRESS <u>Springfield, Mo.</u>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bernard F. Wright*

Licensed Embalmer No. *429*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.